

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007230

FILED
Jul 11, 2007
Secretary of State

Entity Name: LOYAL HEART MINISTRIES, INC.

Current Principal Place of Business:

P. O. BOX 7845
JACKSONVILLE, FL 322387845

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 7845
JACKSONVILLE, FL 322387845

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SOUD, ADRIAN G ESQ.
233 E. BAY ST., SUITE L-3
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMYRL, JAMES L
Address: 125 WELLINGTON CT.
City-St-Zip: ROCKY MOUNT, NC 27803

Title: PD () Delete
Name: CUTTS, WILLIAM M
Address: 5232 ORTEGA GLEN DR.
City-St-Zip: JACKSONVILLE, FL 32210

Title: COV () Delete
Name: CARROLL, GREG
Address: 11166 WOODLUM DR. EAST
City-St-Zip: JACKSONVILLE, FL 32218

Title: SD () Delete
Name: VANZANT, MARTHA B
Address: 4317 SPOON HOLLOW LANE
City-St-Zip: JACKSONVILLE, FL 32202

Title: TD () Delete
Name: JONES, RYAN H
Address: 225 WATER ST., 1ST FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: FISHER, DONALD D JR.
Address: 3001 GREYSTONE DR.
City-St-Zip: ROCKY MT., NC 27804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change () Addition
Name: CUTTS, WILLIAM M
Address: 5232 ORTEGA GLEN DR.
City-St-Zip: JACKSONVILLE, FL 32210

Title: VCD (X) Change () Addition
Name: WALLACE, RICKY
Address: 10512 INNISBROOK DRIVE
City-St-Zip: JACKSONVILLE, FL 32222 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM M. CUTTS

CD

07/11/2007

Electronic Signature of Signing Officer or Director

Date